

Case Number:	CM14-0165782		
Date Assigned:	10/23/2014	Date of Injury:	07/19/2012
Decision Date:	12/17/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old male with date of injury on 7/19/2012. He has been diagnosed with carpal tunnel syndrome and is status post-surgery. The date of the UR decision was 9/29/2014. Per report dated 9/29/2014, the treating provider documented that Viibryd was being prescribed for depression and Latuda 40 mg was being prescribed for depression, mood swings in form of throwing things and getting angry easily. Per report dated 9/15/2014, he was depressed and frustrated about being unable to get his medications. It was suggested that he was talking loud; throwing things and police had to be called total of four times in the last month. He was reported to be depressed, hopeless, helpless, had psychomotor agitation. He was being prescribed Klonopin 0.5 mg up to twice daily for anxiety and anger issues; Lamictal 200 mg twice daily, Viibryd 60 mg a day; Latuda 40 mg daily. It was suggested that Viibryd dose was increased at that visit by another 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Latuda 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Updated 04/09/14- Antidepressants for treatment of MDD (major depressive disorder)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov- Latuda

Decision rationale: Latuda is approved by FDA for Schizophrenia, for monotherapy and as an adjunctive treatment in adult patients with bipolar depression. The submitted documentation does not reflect a diagnosis of Schizophrenia or Bipolar disorder for the injured worker for which Latuda has FDA approved indications for at this time. There is mention of mood swings but there is no indication for it being due to bipolar disorder. The request for Latuda 40mg #30 is not medically necessary.